CS Form No. 212								
PERSONAL DATA SHEET								
WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.								
	TO FILLING OUT THE PERSONAL DATA SHE () and use separate sheet if necessary. Indicate N			E PDS FORM	1. CS ID No.		(Do not fill up. I	For CSC use only)
I. PERSONAL INFORMATION		Tri inci appina						
2. SURNAME	DIOCAMPO							
FIRST NAME	MARWIN					NAME EXTENSION (JR	., SR)	
MIDDLE NAME	GOCELA							
3. DATE OF BIRTH	12/10/1994	16. CITIZENSHIP			¬ ¬ , , , , , , , , , , , , , , , , , ,			
(mm/dd/yyyy)		10. 011122.10.11.			pino	Dual Citizenship by birth	by natura	alization
4. PLACE OF BIRTH	Brgy. Moabog Pilar, Cebu	If holder of dual citizer					_ ′	
5. SEX	✓ Male Female	please indicate the de	etails.					•
6 CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS	Нои	N/A ise/Block/Lot No	0		N/A Street	
e	Widowed Separated Other/s:			N/A			MOABOG	
7. HEIGHT (m)	1.64	1	Sub	bdivision/Village PILAR	е		Barangay CEBU	
		-	Ci	ity/Municipality			Province	
8. WEIGHT (kg)	80	ZIP CODE		6048			A1/A	
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	Нои	N/A House/Block/Lot No.			N/A Street	
10. GSIS ID NO.	N/A		Sut	N/A bdivision/Village	e	PANGASUGAN Barangay		
11. PAG-IBIG ID NO.	N/A			BAYBAY		LEYTE Province		
12. PHILHEALTH NO.	N/A	ZIP CODE	City/Municipality 6521-A			i iovince		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A					
14. TIN NO.	N/A	20. MOBILE NO.	09317285310					
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	marwindiocampo1994@gmail.com					
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all) DATE OF BIR			TH (mm/dd/yyyy)		
FIRST NAME		NAME EXTENSION (JR., SR)	N/A					
MIDDLE NAME OCCUPATION			<u> </u>					
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.								
24. FATHER'S SURNAME	DIOCAMPO							
FIRST NAME	MANSUITO							
MIDDLE NAME	CORAZA							
25. MOTHER'S MAIDEN NAME	SURABIA							
SURNAME	DIOCAMPO							
FIRST NAME	FE							
MIDDLE NAME	GOCELA		(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKGE	ROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	MOABOG ELEMTARY SCHOOL	PRIMARY EDUCAT	ION	2001	2006	NA	2006	
SECONDARY	LANAO NATIONAL HIGH SCHOOL	HIGH SCHOOL		2006	2010	NA	2010	
VOCATIONAL / TRADE COURSE	N/A							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN A	AGRICULTURE	2012	2016	NA	2016	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER'S OF SCIENCE IN HO	ORTICULTURE	2020	2022	NA	2022	SCHOLARS

SIGNATURE

DATE

IV CIVII SE	ERVICE ELIG	IRII ITV							
OADEED CEDVICE/ DA 1000 /DOADD/ DADVINDED			DATE OF			LICENSE (if applicable)			
SDECIAL LAWS/ CES/ CSEE			RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
RA 1080				11/5-7/2019	TACLOBAN CITY			0036841	12/10/2023
V WORK F	XPERIENCE		(Co	ntinue on separate sheet	if necessary)				
		nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Exper	ience sheet.		
28. INCLU	JSIVE DATES m/dd/yyyy)	POSITION T (Write in full/Do not	ITLE	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То			·	·		INCREMENT	100 00050	(Y/ N)
7/15/2016 8/1/2018	6/30/2018 7/30/2020	SCIENCE RESEARCH SCIENCE RESEARCH			OF HORTICULTURE OF HORTICULTURE	8,000 15,000		JOB ORDER JOB ORDER	YES
8/15/2022	12/24/2022	INSTRUCT		COLLEGE OF AGRICULT	TURE AND ALLIED SCIENCE	22100.00		CONTRACTUAL	YES
				(NONESTCOST)					
			(Co	ntinue on separate sheet	if necessary)				
SIGNA	ATURE	\sim			DATE		2/8/2023		

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT /	PEOPLE / VO	DLUNIARY O	RGANIZATIOI	V/S		
29. NAME & ADDRESS OF OF (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A			10				
IVA							
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate s					
(Start from the most recent L&D/training program and include				ief/Executive/Mana	gerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTE	EDVENTIONS/TDAINING DDOCDAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From To			Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY	
(Write in full)						(Write in full)	
International Webinar and Workshop on the	e Food Value Chain in the	10/18/2021	10/22/2021	40	TECHNICAL	Visayas State University, Visca, Baybay City, Leyte,	
New Normal National Certificate II Organic Agriculture P	roduction	12/27/2019	2/3/2020	232	TECHNICAL	Philippines via zoom. ATI-RRTC8/GOLD FARM, Baybay City, Leyte	
Vegetable Production (Organic and GaP),		12/27/2018	12/28/2018	16	TECHNICAL	Visayas State University, Visca, Baybay City, Leyte, Philippines	
Radio Forum on Vegetable Container Gard	lening: A Solution and	11/21/2018		2	TECHNICAL	i iiiippiires	
Livelihood Project for Women in Barangay Hands -on on Medium Sterilization and Sec	ed Sowing during the training	8/27/2018	8/29/2018	24	TECHNICAL	Baranagay. Victory, Dulag, Leyte	
on Good Agriculture Practice (GaP) on Vec Preserving Seeds of Hope: A Community S		4/10/2018	4/12/2018	24	TECHNICAL	ATI-RTC 8, VSU, Baybay City, Leyte	
Vegetable Nursery Management				8	TECHNICAL	Department of Horticulture, VSU, Visca Baybay City,	
Climate Smart Agriculture Technologies Training			4/2/2017	16	TECHNICAL	Leyte Department of Horticulture, VSU, Visca Baybay City, Leyte	
Climate Smart Agriculture Technologies Tra	aining	3/30/2017	3/31/2017	16	TECHNICAL	Department of Horticulture, VSU, Visca Baybay City, Leyte	
						Loyio	
31. SPECIAL SKILLS and HOBBIES	32.					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
COMPUTER SKILLS	N/A					VISCA HORTICULTURAL SOCIETY	
MARCOTTING						DEPARTMENT OF SCIENCE AND	
GRAFTING						ALUMNI	
HYDROPONICS							
	(Cont	inue on separate s	sheet if necessary				
SIGNATURE			DATE			2/8/2023	

34.	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offe	YES NO If YES, give details:					
	b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:					
36.	Have you ever been convicted of any crime or violation of any by any court or tribunal?	YES V NO If YES, give details:					
	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, end out (abolition) in the public or private sector?	☐ YES ✓ NO If YES, give details:					
38.	a. Have you ever been a candidate in a national or local elect Barangay election)?	tion held within the last year (except	YES NO If YES, give details:				
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local of	YES NO If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent r	YES NO If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magr 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p						
a.	Are you a member of any indigenous group?	YES	✓ NO				
b.	Are you a person with disability?	If YES, please specify: YES NO If YES, please specify ID No:					
C.	Are you a solo parent?	If YES, please specify ID No:					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /a						
	NAME	ADDRESS	TEL. NO.				
	ROSARIO A. SALAS	DOH, VSU	563-7739	38			
	ZENAIDA C. GONZAGA	DOH, VSU	563-7739				
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filling of administrative/criminal case/s against me.							
Pl Go	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: PRC ID						
Н	/License/Passport No.: 0036841 ate/Place of Issuance: March 13,2020/ Tacloban City	box)					
			Right Thumbmark				
SUBSCRIBED AND SWORN to before me this							